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RHODE ISLAND DEPARTMENT OF HEALTH
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MEDICARE PRESCRIPTION DRUG PLANS: THE IMPACT ON PHYSICIAN PRACTICE

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The implementation of the new Medicare Prescription Drug Coverage program has been promoted as the greatest thing that has happened in Medicare since President Lyndon Baines Johnson signed this program into law. Although physicians and other health professionals are not expected to become Medicare counselors, there are steps you can take to prepare for the onslaught. Are you ready?

BACKGROUND

Your patients with Medicare have the opportunity to enroll in Medicare's voluntary prescription drug plan coverage which activates on January 1, 2006.[1] In the standard Prescription Drug Plan benefit, the enrollee pays an average monthly premium of $32.00, the first $250.00 of annual drug costs deductible, and 25% of the cost of prescriptions from $251-$2,250. From $2,251 through $5,100, or the drug coverage gap, the beneficiary pays the entire cost of their medications. Once the beneficiary spends $3,600 out-of pocket, Medicare pays 95% of the prescription drug costs.[2]

In Rhode Island, there are eighteen health insurance plans offering over forty-four **prescription drug plan (PDP)** options. Several plans omit the $250.00 deductible and a few offer additional assistance during the drug coverage gap.[3] The formularies of each PDP include a percentage of the top 100 medications prescribed to seniors from the Medicare Drug Card experience.[4] Each plan is required to cover "all or substantially all" medications in the antidepressant, antipsychotic, anticonvulsant, immunosuppressant, HIV/AIDS and cancer treatment categories. Furthermore, the Medicare Prescription Drug Plans cover brand name and generic medications available by prescription, insulin, and medical supplies associated with the injection of insulin.[2] However, an individual PDP formulary might not encompass all the medications a senior takes on a daily basis. Please note, some of the health plans with more than one level of Prescription Drug Plan have a different formulary for each drug plan product. Categories of medications excluded from Medicare prescription drug coverage include medications for relief of cough & colds, non-prescription drugs, barbiturates, benzodiazepines or drugs paid for under Medicare Parts A or B.[2]

IMPLICATIONS FOR MEDICAL PRACTICE

The Medicare Part D program has a huge impact on the clinical practice of medicine. As patients enroll in these PDPs, medical providers in private practice and nursing homes will be faced with the task of switching patients over to specific medications listed in the patients' new PDP formulary. This will be a challenging task given the volume of elders enrolling in Prescription Drug Plans within the enrollment period, coupled with the care a clinician must take to taper a fragile elder off one medication to another and monitor for side effects simultaneously. Moreover, the physician with a patient enrolled in a Medicare PDP might be involved in the prescription drug plan appeals process in circumstances when a non-formulary drug is medically necessary or when a patient requires a medicine suddenly removed from the PDP formulary.[2]

As clinicians face the potential burden of more prescription writing and a bevy of formularies to familiarize themselves with during the Drug Plan transition, it is critical that providers have access to accurate PDP formulary information. At some point, the **Centers for Medicare & Medicaid Services (CMS)** plans to post all of the PDP formularies on its website and include them in programs designed for PDA devices.[5] In the meantime, please check http://www.health.ri.gov/medicare for Rhode Island PDP formulary information. Additionally, the Medicare PDPs are required to support e-prescribing capabilities, with pilot testing to begin later in the year.[6]

The influx of PDP coverage in Rhode Island will add another layer of chronic disease management and quality improvement monitoring to office practice. Eventually, each PDP will roll out a Medication Therapy Management Program which will focus on patients with multiple chronic illnesses, on multiple medications or likely to incur at least $4,000 in prescription drug costs in one year. Program details are pending at the time of publication. There are also plans for monitoring items such as the use of selected medications within certain therapeutic categories and drug-disease interactions.[6]

STRATEGY TO RESPOND

Several Rhode Island medical societies and academies have posted Medicare PDP information online. Please go to your academy or medical society website for provider-related information on Medicare PDP coverage. The **Rhode Island Department of Health (HEALTH)** Medicare PDP website at http://www.health.ri.gov/medicare builds upon the educational efforts within the medical community. This site will provide formularies for the local PDPs as CMS approves these website postings, and have support materials for providers who manage the health care for special populations, such as HIV/AIDS patients.

If a patient asks you for information about PDP coverage, please refer him or her to The Point Resource Center: www.ThePointRI.org 401-462-4444 (Voice) or 401-462-4445 (TTY) or a local Medicare Prescription Drug Coverage Forum posted on the HEALTH website.

Additionally, representatives from CMS are available to make presentations about PDP coverage to medical practices, PHOs, IPAs and other physician groups. Please contact Sharon Marable, MD, MPH, at 401-222-5353 for more information.

CONCLUSION

The tagline for the new Medicare Prescription Drug coverage program

is "help is here." Although the new program may overall be a significant health policy intervention for our seniors, this initiative adds another layer of complexity and bureaucracy to the art of medicine. The Medicare Prescription Drug Coverage Program is more than a prescription drug benefit-there also are components of chronic disease management and clinical quality improvement for the provider to keep in mind.

Although Medicare Prescription Drug Coverage is a federal program, we, the medical community, have the opportunity to work together and troubleshoot the local health care challenges and barriers which may come into fruition as a result of this program. If we join together, help WILL be here in Rhode Island for the physician, from the power of physician collaboration and unity.

References

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6. McDonough KM. Overview of the Medicare Modernization Act. Presented at the Medicare Part D: Comprehensive Information for all Health Care Providers Conference, Providence, Rhode Island, October 26, 2005.

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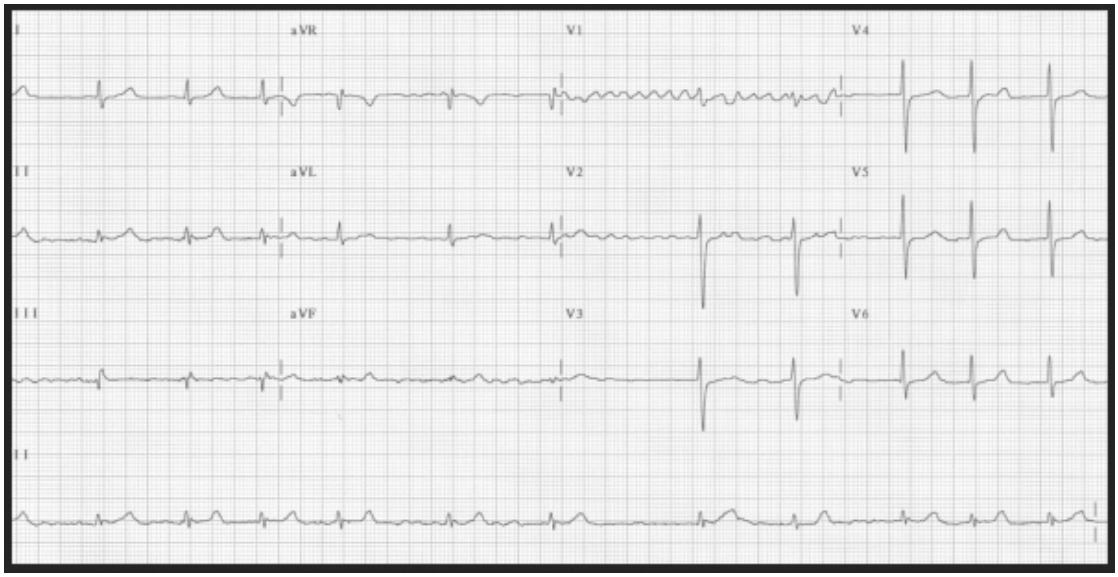
Images in Medicine

Atrial Fibrillation

Alfred E. Buxton, MD



This is an example of atrial fibrillation. Although the fibrillatory activity appears coarse in lead V1, this is not atrial flutter. Atrial fibrillation occurs in approximately 30% of patients after cardiac surgery. In most cases the tendency for fibrillation resolves within one month after surgery. Surgical procedures to cure atrial fibrillation are being explored. These procedures are considered investigational, and are performed only under controlled conditions.

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